Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010154	A. BUILDING: _____ B. WING _____	C 10/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOME HOME HEALTH CARE INC	2040 WASHINGTON AVENUE EVANSVILLE, IN 47714

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments This was a State licensure complaint investigation survey. Complaint #: IN00183396; Unsubstantiated, due to lack of sufficient evidence. Survey Date: 10-6-15 Facility #: 010154 Medicare Provider #: N/A Medicaid Vendor #: N/A Welcome Home Health Care was found to be in compliance with 410 IAC 17-12-1 (a)(b)(c) & (d), 410 IAC 17-13-1(a), and 410 IAC17-14-1(l) as were related to this complaint.	N 000		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE